



Registration Form School Year 2019-2020

Date _____
Applying school year: _____ 2019 _____ 2020
Child's Name _____
Age _____ Birth date: Month _____ Day _____ Year _____
Nickname _____
Nationality _____
Address _____

Contact Info:

Mom's name _____
Office Phone Number _____ Home Phone Number _____
Mobile _____ Email _____
Dad's name _____
Office Phone Number _____ Home Phone Number _____
Mobile _____ Email _____

In case of an emergency, please contact:

1. Name _____ Relationship _____ Phone Number _____
2. Name _____ Relationship _____ Phone Number _____
3. Name _____ Relationship _____ Phone Number _____

Service Info:

I would like to register for: Morning Sessions: 8:00am – 12:20pm M-F M/W/F

T/Th

Afternoon Sessions: 12:30 – 3:30pm Monday Tuesday Wednesday Thursday

Friday

Pick up

The following people have permission to pick my child up from school:

(1) _____

(2) _____

(3) _____

Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed) General state of health:

Doctor's name _____

Doctor's phone number _____

Are your child's immunizations up to date? _____ (Please attach a copy of Immunizations. This should include the signature of nurse or doctor)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions, which we should be made aware of?

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Has your child ever been in child care before? _____ What type (center, family Daycare, grandma etc.) _____

How does your child feel about daycare and being left by his/her mommy/daddy?

What is your normal method of discipline?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What language(s) are spoken at home?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let us know about?

Any specific concerns?

Parent's Signature _____

Date _____